

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0107443		FILING DATE 9/29/10				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11		1					61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	1						69						
20		1					70						
21							71						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	23	2	2	2	2	2	TOTAL DEP.	2	2	2	2	2	2
TOTAL CLAIMS	23						TOTAL CLAIMS						